Measure #14 (NQF 0087): Age-Related Macular Degeneration (AMD): Dilated Macular Examination – National Quality Strategy Domain: Effective Clinical Care

## 2016 PQRS OPTIONS FOR INDIVIDUAL MEASURES:

**CLAIMS, REGISTRY** 

#### **DESCRIPTION:**

Percentage of patients aged 50 years and older with a diagnosis of age-related macular degeneration (AMD) who had a dilated macular examination performed which included documentation of the presence or absence of macular thickening or hemorrhage AND the level of macular degeneration severity during one or more office visits within 12 months

#### **INSTRUCTIONS:**

This measure is to be reported a minimum of <u>once per reporting period</u> for patients seen during the reporting period. It is anticipated that clinicians who provide the primary management of patients with age-related macular degeneration (in either one or both eyes) will submit this measure.

# Measure Reporting via Claims:

ICD-10-CM diagnosis codes, CPT codes, and patient demographics are used to identify patients who are included in the measure's denominator. CPT Category II codes are used to report the numerator of the measure.

When reporting the measure via claims, submit the listed ICD-10-CM diagnosis codes, CPT codes, and the appropriate CPT Category II code OR the CPT Category II code with the modifier. The modifiers allowed for this measure are: 1P- medical reasons, 2P- patient reasons, 8P- reason not otherwise specified. All measure-specific coding should be reported on the claim(s) representing the eligible encounter.

# Measure Reporting via Registry:

ICD-10-CM diagnosis codes, CPT codes, and patient demographics are used to identify patients who are included in the measure's denominator. The listed numerator options are used to report the numerator of the measure.

The quality-data codes listed do not need to be submitted for registry-based submissions; however, these codes may be submitted for those registries that utilize claims data.

#### **DENOMINATOR:**

All patients aged 50 years and older with a diagnosis of AMD

## **Denominator Criteria (Eligible Cases):**

Patients aged ≥ 50 years on date of encounter

#### AND

Diagnosis for age-related macular degeneration (ICD-10-CM): H35.30, H35.31, H35.32 AND

Patient encounter during the reporting period (CPT): 92002, 92004, 92012, 92014, 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99304, 99305, 99306, 99307, 99308, 99309, 99310, 99324, 99325, 99326, 99327, 99328, 99334, 99335, 99336, 99337

#### NUMERATOR:

Patients who had a dilated macular examination performed which included documentation of the presence or absence of macular thickening or hemorrhage AND the level of macular degeneration severity during one or more office visits within 12 months

## **Definitions:**

**Macular Thickening** – Acceptable synonyms for "macular thickening" include: intraretinal thickening, serous detachment of the retina, pigment epithelial detachment or macular edema.

**Severity of Macular Degeneration** – Early, intermediate and advanced.

# Numerator Quality-Data Coding Options for Reporting Satisfactorily:

**Dilated Macular Examination Performed** 

Performance Met: CPT II 2019F: Dilated macular exam performed, including

> documentation of the presence or absence of macular thickening or hemorrhage AND the level of macular

degeneration severity

OR

#### Dilated Macular Examination not Performed for Medical or Patient Reasons

Append a modifier (1P or 2P) to CPT Category II code 2019F to report documented circumstances that appropriately exclude patients from the denominator.

Medical Performance Exclusion: 2019F with 1P: Documentation of medical reason(s) for not performing

a dilated macular examination

Patient Performance Exclusion: 2019F with 2P: Documentation of patient reason(s) for not performing a

dilated macular examination

OR

# Dilated Macular Examination not Performed, Reason not Otherwise Specified

Append a reporting modifier (8P) to CPT Category II code 2019F to report circumstances when the action described in the numerator is not performed and the reason is not otherwise specified.

Performance Not Met: 2019F with 8P: Dilated macular exam was not performed, reason not

otherwise specified

#### RATIONALE:

A documented complete macular examination is a necessary prerequisite to determine the presence and severity of AMD, so that a decision can be made as to the benefits of prescribing antioxidant vitamins. Further, periodic assessment is necessary to determine whether there is progression of the disease and to plan the on-going treatment of the disease, since several therapies exist that reduce vision loss once the advanced "wet" form of AMD occurs. While no data exist on the frequency or absence of regular examinations of the macula for patients with AMD, parallel data for key structural assessments for glaucoma, cataract and diabetic retinopathy suggest that significant gaps are likely.

#### **CLINICAL RECOMMENDATION STATEMENTS:**

According to the American Academy of Ophthalmology, a stereo biomicroscopic examination of the macula should be completed. Binocular slit-lamp biomicroscopy of the ocular fundus is often necessary to detect subtle clinical clues of CNV. These include small areas of hemorrhage, hard exudates, subretinal fluid, or pigment epithelial elevation. (A: III) (AAO, 2008)

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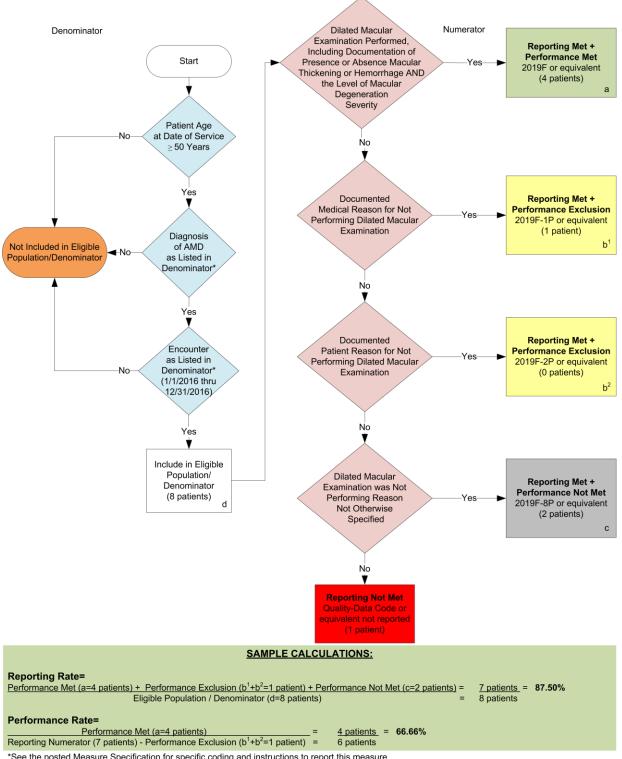
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# 2016 Claims/Registry Individual Measure Flow PQRS #14 NQF # 0087: Age-Related Macular Degeneration (AMD): Dilated Macular Examination



<sup>\*</sup>See the posted Measure Specification for specific coding and instructions to report this measure.

NOTE: Reporting Frequency: Patient-process

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# 2016 Claims/Registry Individual Measure Flow PQRS #14 NQF #0087: Age-Related Macular Degeneration (AMD): Dilated Macular Examination

Please refer to the specific section of the Measure Specification to identify the denominator and numerator information for use in reporting this Individual Measure.

- Start with Denominator
- 2. Check Patient Age:
  - a. If the Age is greater than or equal to 50 years of age on Date of Service equals No during the measurement period, do not include in Eligible Patient Population. Stop Processing.
  - b. If the Age is greater than or equal to 50 years of age on Date of Service equals Yes during the measurement period, proceed to check Patient Diagnosis.
- 3. Check Patient Diagnosis:
  - a. If Diagnosis of AMD as Listed in the Denominator equals No, do not include in Eligible Patient Population. Stop Processing.
  - b. If Diagnosis of AMD as Listed in the Denominator equals Yes, proceed to check Encounter Performed.
- 4. Check Encounter Performed:
  - a. If Encounter as Listed in the Denominator equals No, do not include in Eligible Patient Population. Stop Processing.
  - b. If Encounter as Listed in the Denominator equals Yes, include in the Eligible population.
- 5. Denominator Population:
  - a. Denominator population is all Eligible Patients in the denominator. Denominator is represented as Denominator in the Sample Calculation listed at the end of this document. Letter d equals 8 patients in the sample calculation.
- 6. Start Numerator
- 7. Check Dilated Macular Examination Performed Including Documentation of Presence or Absence Macular Thickening or Hemorrhage AND the Level of Macular Degeneration Severity:
  - a. If Dilated Macular Examination Performed Including Documentation of Presence or Absence Macular Thickening or Hemorrhage AND the Level of Macular Degeneration Severity equals Yes, include in Reporting Met and Performance Met.
  - b. Reporting Met and Performance Met letter is represented in the Reporting Rate and Performance Rate in the Sample Calculation listed at the end of this document. Letter a equals 4 patients in Sample Calculation.
  - c. If Dilated Macular Examination Performed Including Documentation of Presence or Absence Macular Thickening or Hemorrhage AND the Level of Macular Degeneration Severity equals No, proceed to Documented Medical Reason for not Performing Dilated Macular Examination.

- 8. Check Documented Medical Reason for Not Performing Dilated Macular Examination:
  - a. If Documented Medical Reason for Not Performing Dilated Macular Examination equals Yes, include in reporting met and performance exclusion.
  - b. Reporting Met and Performance Exclusion letter is represented in the Reporting Rate and Performance Rate in the Sample Calculation listed at the end of this document. Letter b1 equals 1 patient in the Sample Calculation.
  - c. If Documented Medical Reason for Not Performing Dilated Macular Examination equals No, proceed to Documented Patient Reason for not Performing Dilated Macular Examination.
- 9. Check Documented Patient Reason for not Performing Dilated Macular Examination:
  - a. If Documented Patient Reason for not Performing Dilated Macular Examination equals Yes, include in Reporting Met and Performance Exclusion.
  - b. Reporting Met and Performance Exclusion letter is represented in the Reporting Rate and Performance Rate in the Sample Calculation listed at the end of this document. Letter b2 equals 0 patients in the Sample Calculation.
  - c. If Documented Patient Reason for not Performing Dilated Macular Examination equals No, proceed to Dilated Macular Examination was Not Performed, Reason Not Otherwise Specified.
- 10. Check Dilated Macular Examination was Not Performed, Reason Not Otherwise Specified:
  - a. If Dilated Macular Examination was Not Performed, Reason Not Otherwise Specified equals Yes, include in the reporting met and performance not met.
  - b. Reporting Met and Performance Not Met letter is represented in the Reporting Rate in the Sample Calculation listed at the end of this document. Letter c equals 2 patients in the Sample Calculation.
  - c. If Dilated Macular Examination was Not Performed, Reason Not Otherwise Specified equals No, proceed to Reporting Not Met.
- 11. Check Reporting Not Met:
  - a. If Reporting Not Met equals No, Quality Data Code or equivalent not reported. 1 patient has been subtracted from reporting numerator in the sample calculation.

# SAMPLE CALCULATIONS: Reporting Rate= Performance Met (a=4 patients) + Performance Exclusion (b¹+b²=1 patient) + Performance Not Met (c=2 patients) = 7 patients = 87.50% Eligible Population / Denominator (d=8 patients) = 8 patients Performance Rate= Performance Met (a=4 patients) = 4 patients = 66.66% Reporting Numerator (7 patients) - Performance Exclusion (b¹+b²=1 patient) = 6 patients